



## **DHHS WAIVER ADVISORY COMMITTEE** **MEETING MINUTES**

**Date:** September 19, 2012 **Time:** 1:00 pm – 3:00 pm **Location:** McKimmon Center, Raleigh, NC

MEETING CALLED BY			Deby Dihoff, Acting Chairman		
TYPE OF MEETING			DHHS Waiver Advisory Committee (DWAC)		
ATTENDEES					
COMMITTEE MEMBERS			STATE STAFF ATTENDEES		
NAME	AFFILIATION	PRESENT	NAME	AFFILIATION	PRESENT
Peggy Terhune	Monarch	<input checked="" type="checkbox"/>	Ken Marsh	DMHDDSAS – LME Team	<input checked="" type="checkbox"/>
Margaret Stargell	Coastal Horizons Center, Inc.	<input type="checkbox"/>	Kathy Nichols	DMA Waiver Pgms Mgr	<input type="checkbox"/>
Jack Naftel, MD	NC Physicians Association	<input checked="" type="checkbox"/>	Kelly Crosbie	DMA Beh. Health Sect. Chief	<input checked="" type="checkbox"/>
Rosemary Weaver	State CFAC	<input checked="" type="checkbox"/>			
Carol Messina	State CFAC	<input checked="" type="checkbox"/>			
Susan Monroe	Local CFAC	<input checked="" type="checkbox"/>			
Marc Jacques	Local CFAC	<input checked="" type="checkbox"/>			
Deby Dihoff	NAMI	<input checked="" type="checkbox"/>			
Ellen Perry	IDD Advocate	<input checked="" type="checkbox"/>			
Tony Sowards	SA Advocate	<input checked="" type="checkbox"/>			
Cherene Allen-Caraco	Mecklenburg's Promise	<input checked="" type="checkbox"/>	GUEST		
Lois Cavanagh-Daley	NC CANSO	<input type="checkbox"/>	NAME	AFFILIATION	PRESENT
Arthur C. Wilson	Transylvania Co.	Call In	Shealy Thompson	DMH QM Team Leader	<input checked="" type="checkbox"/>
William Smith III	Wayne Co.	<input type="checkbox"/>			<input type="checkbox"/>
Brian Ingraham	Smoky Mtn. LME	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Ken Jones	Eastpointe LME	<input type="checkbox"/>			<input type="checkbox"/>
Beth Melcher	DHHS Deputy Secretary	<input checked="" type="checkbox"/>			
Mike Watson	DMA Director	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Tara Larson	DMA, COO	<input checked="" type="checkbox"/>			<input type="checkbox"/>
Jim Jarrard	DMH/DD/SAS Acting. Director	<input checked="" type="checkbox"/>			<input type="checkbox"/>
U. Nenna Lekwauwa	DMHDDSAS Medical Director	<input checked="" type="checkbox"/>			

**1. Agenda topic: Welcome and Approval of Minutes/Chair Housekeeping Items** **Presenter(s):** Deby Dihoff

<b>Discussion</b>	<ul style="list-style-type: none"> <li>August minutes approved with no changes.</li> <li>Lee Smith sick, Deby Dihoff covering meeting chair. Artie Wilson called in.</li> <li>Membership rotation on hold until next meeting.</li> </ul>		
<b>Conclusions</b>			
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
N/A			

**2. Agenda topic: Summary Report on LME-MCOs  
120/60 Day Readiness Reviews**

**Presenter(s):** Tara Larson, DMA

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Sandhills <ul style="list-style-type: none"> <li>Press release, SHC LME Director's letter and final Mercer report sent out earlier this week. Working with Sandhills on readiness report.</li> <li>Sandhills Center moving forward with a delay, plan to go live December 1. In process of merging with Guilford January 1, as result of merger activity we will follow up with Guilford coming on board as part of MCO in their claims processing effective April 1. Another mercer review of Sandhills in late October or early November.</li> </ul> </li> <li>Western Highlands <ul style="list-style-type: none"> <li>Continuing to work with WH on corrective action plan. WH has hired consultants who have started working at Western. Meeting weekly to monitor corrective action plan and financials, making good progress.</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>○ Concerns from providers that Western Highlands already out of money. How are they going to recover? WH was in hole in terms of capitation payments for encumbered and actual cash flow going out. There is revenue for them to cover those costs in terms of their fund balance. That part we know is happening. Part of whole MCO operation is looking at appropriateness of services being provided. Those services that should have been or need to be reduced is happening at same time. Have not had a lot of complaints from people saying they have lost services.</li> <li>○ Is the State looking at utilization placements out of state related to PRTF? Yes. The state is beginning to look at utilization of out of home placements and out of state placements, residential is our concern, dealing with each case on a case by case basis.</li> <li>● Mecklenburg and Centerpoint – we are in the process of reviewing their reports, want to work closely with the LME/MCOs prior to releasing. Will share once reports reviewed.</li> <li>● Alliance and Coastal and Partners – just finished those reviews and waiting the Mercer reports.</li> <li>● Eastpointe's review is tomorrow.</li> <li>● All Readiness Reviews should be completed soon. Hope to have information available at October DWAC meeting. <ul style="list-style-type: none"> <li>○ There have been no surprises – IT systems and financial areas of focus.</li> <li>○ Looking at delay options based on readiness reviews. If reviews indicate need for delay, will take that option. SHC is one with Guilford – going live onto the waiver in April.</li> <li>○ During RFA process – principles/practices – is Mercer covering (EBP / Recovery services)? Part of review process will and does look at service and provider network contracting in the 120 day review at an administrative level. Part of this will be developmental for the LME-MCOs as they evolve into their MCO functions and have specific utilization trends data to know what is needed based upon the needs of the population being served.</li> <li>○ At what point will we look at Recovery Practices – Performance, Outcomes, Development of right treatment models, etc. On future agenda look behind – how have strategies come together in terms of recovery practices?</li> <li>○ Every MCO has a consumer affairs section or support. Request for information to be put on future agenda</li> <li>○ Opinion expressed that we are in a better place than we were six months ago. Pleased that oversight being provided.</li> <li>○ With Western Highlands coming up on one year issue raised on reduction of provider network. Questioned if any guidance to MCOs on what they should or shouldn't do. Expressed belief that PLLF working on criteria. Providers are going to want to know what to expect when that happens.</li> <li>○ Mike Watson – Aside from what one does there are basic Medicaid principles on access, diversity, etc. Regardless of individual plans there are overriding principles to address.</li> <li>○ Would like more information on specific Peer Run Organizations and development and the State's plan in promoting such activity within the LME-MCO environment.</li> </ul> </li> </ul>				
<b>Conclusions</b>					
<b>Action Items</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 60%;"><b>Person(s) Responsible</b></th><th style="width: 40%;"><b>Deadline</b></th></tr> </thead> <tbody> <tr> <td data-bbox="82 1526 1049 1562">□</td><td data-bbox="1049 1526 1539 1562"></td></tr> </tbody> </table>	<b>Person(s) Responsible</b>	<b>Deadline</b>	□	
<b>Person(s) Responsible</b>	<b>Deadline</b>				
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### 3. Agenda topic: Consumer Outcomes

**Presenter(s): Kelly Crosbie, DMA**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>● Consumer Outcomes <ul style="list-style-type: none"> <li>○ Kelly sharing draft information from Mercer Report /Consumer focus groups around MCO performance measures, outcome measures. IDD and MH/SA focused groups. Some participants fell into multiple focus groups. No state staff. Local CFACs helped organize. Thanks to local CFAC and DMH Consumer affairs team assisted. Trying to determine what's working, what's not, what you want to know. No final report yet.</li> </ul> </li> <li>● List of issues people wanted to talk about and measure. <ul style="list-style-type: none"> <li>○ Information from group with concerns around IDD services</li> <li>○ Care Coordination</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>○ Ratios of care coordinators to consumers</li> <li>○ How transition from targeted case management to care coordination was impacting consumers.</li> <li>○ How many individuals with IDD issues were represented on the local and state CFAC</li> <li>○ Measure how responsive and consistent staff at the LME/MCOs were</li> <li>○ Individual measures of success - socialization, meaningful daytime activities, physical activities, living where people wanted to. Person centered planning process during care coordination.</li> <li>○ MH/SA recommendations – concern about provider network adequacy, choice, accessibility, follow up after crisis. Use of evidence based practices, interest in getting info. on delivery of service, service utilization. Coordination between MH/SA treatment and primary care. NC Topps data, satisfaction surveys, quality of life issues. Interest in how MCOs use peer services, peer run services.</li> <li>○ Finalize Mercer report and share. Use report to make new outcome measures to add to contracts with MCOs. Share info. with subcommittee on performance measures.</li> <li>○ Request made not only for summary but to find out what was articulated from a consumer specific focus summary.</li> <li>○ Would like to know difference in results of LMEs vs. LME – MCOs. Would like to have focus groups following implementation as well and show differences. Also to look for different responses of the Pre and Post Implementation on Mercer summary notes. Kelly to ask Mercer to go back and separate that info.</li> <li>○ Would like to know the number of IDD people there asking questions. Kelly to request those numbers. Ellen Perry indicated need to have IDD person there to represent and offered to train.</li> <li>○ Concerns that MH/SA not well represented and first half of meeting spent explaining what the waiver was.</li> <li>○ Cherene recommendations to know what are the top recommendations off of this report.</li> </ul>		
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>• Follow-up on several outstanding questions from Mercer Report.</li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>• Ask Mercer to review report based upon committee questions, release copy of report to DWAC once finalized.</li> </ul>	Kelly Crosbie and State Assigned staff.	Oct. 17 <sup>th</sup>	

#### 4. Agenda topic: Performance Reports

**Presenter: Shealy Thompson, DMH, QM Team Leader**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Many items are already being tracked either through performance measures or surveys. There are a number of reports available at the Dept. <ul style="list-style-type: none"> <li>○ DMA/DMH slightly different responsibilities – many of the reports generated are overlapping or complimentary. Reports have different purposes, different targets, timelines, etc. DMA and DMH trying to bring some of these together to give more comprehensive picture of what is going on.</li> <li>○ This is a transition year in terms of data. New LME-MCO IT &amp; claims systems being implemented.</li> <li>○ DWAC will be getting select information from reports looking across all of the LME/MCOs.</li> <li>○ Subcommittee and committee agreed to select two measures for each age/disability group in selecting measure. MH/SA coming out of NC TOPPS system available twice a year.</li> <li>○ IDD measures coming out of national core indicators data once a year.</li> <li>○ Goal today is to review the MH measures.</li> <li>○ Focus today on MH measures. July 2011 – June 2012.</li> <li>○ Requesting DWAC input – measures always create more questions so what information do you want, how do you want it, and what are we going to do with it?</li> <li>○ Important Look at data on LME to MCO, comparing one to itself.</li> <li>○ Goal – track implementation progress, identify areas of concern, identify areas of success.</li> <li>○ Question about the SIS, the SIS does not feed into this data.</li> <li>○ One of the measures is about employment for adult MH consumers. Many factors that affect the data. Some the LME can control, some they cannot such as local economic issue. Many things to consider that go into the data potential results.</li> </ul> </li> </ul>
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	<ul style="list-style-type: none"> <li>○ Handouts distributed and discussed. Handouts will be posted on website.</li> <li>○ Request for more information on whether individuals are getting more services or same.</li> <li>○ Parents of young children are being surveyed, adolescents being asked directly.</li> <li>○ Consumer perception peer survey – one for adults, one for teenagers and one for parents of younger children. Teens always the least satisfied.</li> <li>○ Teens – perception of their families relationships</li> <li>○ Concerns about data integrity, issues about who is completing the NCTOPPS. Need to ensure consumers are filling out the surveys and not providers.</li> <li>○ Trying to bring NCTOPPS in fold so not a separate system. In the future looking at ways as how to potentially tying this information into treatment planning process / person centered plan.</li> <li>○ DMA trying to make sure incentives are in right place to ensure they don't influence the wrong type of outcomes.</li> <li>○ How does committee use this info, how does committee want to see info. Committee wants presentation periodically. How is committee going to use the information? This info is available on the web.</li> <li>○ Committee needs to look at data we do have and continue to make recommendations on data we would like to receive.</li> <li>○ Post ongoing data a few times a year (routinely)</li> <li>○ Good to get Advocates and Peer Specialists to assist with NCTOPPS.</li> <li>○ Consumer Perception of Care – one time yr. good to have peer support assist. Done for Federal government on regular basis</li> <li>○ Other role of this committee not to look at effectiveness of services but to make recommendations about where are we making progress as a state and where do we need a statewide initiative to address things over time. Other thing is not to compare LME/MCOs but to look at each and determine progress they are making.</li> <li>○ Work on data validity and presenting data.</li> <li>○ Request for data on what services are available in each catchment area.</li> <li>○ How often do you want presenting and who to present to – subgroup or committee?</li> <li>○ Request from Peggy that DMH send disability every other month but also send info in advance and summarize requesting recommendations.</li> </ul>		
<b>Conclusions</b>	Present on different disability areas every several months		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>• Committee may need follow-up on recommendation for next steps.</li> </ul>	DWAC Chair and State Assigned Staff	Oct. 17 <sup>th</sup>	

## 5. Agenda topic: Smoky Mountain Center

**Presenter: Brian Ingraham**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>• Care Coordination – how is it working?</li> <li>• Video presentation from Parent/Caregiver with three children with various levels of needs. <ul style="list-style-type: none"> <li>○ Initial fear was as parent and provider going into innovations waiver – afraid things won't be done in timely manner. Has found this not to be the case</li> <li>○ Expectation waiver vs. TCM – was hoping things would be similar and they were. Really liked previous case manager, had her for years. New person was very knowledgeable and got paperwork done in what seemed to be overnight.</li> <li>○ Transition crosswalk – satisfied, no change in services, going well.</li> <li>○ Goals stayed same – no hang-ups – ISP paperwork went well. Case manager and care coordination communicated and worked well together.</li> <li>○ Hopes for future – this was first time that so many major changes put in place at once and went so smooth, whatever procedure in place (well). Didn't seem to be as much fear among the staff. Hopes it continues across the system state wide.</li> </ul> </li> <li>• Worked hard to make connections – challenge, not everyone's experience same. Some concerned about what not getting.</li> <li>• Send out 263 letters of interest, ended up with 246. Worked hard with providers, worked hard internally.</li> <li>• All claims processed in Alpha, system designed so you can't submit an unclear claim.</li> <li>• Authorizations – hard start from day one with authorizations.</li> </ul>
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	<ul style="list-style-type: none"> <li>Complaints – why they have had so few, have received grievances. Complaint anything that isn't an action.</li> <li>Educating people about what waiver is about. What are the activities that occur, take all the main activities, talk about the matrix of that and explain.</li> <li>How does Smoky determine how the referrals are made for care coordination? (Brian to check on this. Asked State to check on the others)</li> <li>State working hard to get kids out of PRTF. Smoky has seen 90% of the kids, conducting very intensive reviews.</li> </ul>				
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>Committee please with Summary handout from Smoky.</li> </ul>				
<b>Action Items</b>	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th><th>Deadline</th></tr> </thead> <tbody> <tr> <td>State Assigned Staff</td><td>Oct. 5<sup>th</sup></td></tr> </tbody> </table>	Person(s) Responsible	Deadline	State Assigned Staff	Oct. 5 <sup>th</sup>
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State Assigned Staff	Oct. 5 <sup>th</sup>				

## 6. Agenda topic: Subcommittee Report

**Presenter:** Peggy Terhune

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Due Process <ul style="list-style-type: none"> <li>Subcommittee looking at ways to get out due process information to families and support people.</li> <li>Suggestion made that book of people's rights provided to families every time we communicate. A letter should go out when an authorization denied and when and authorization is approved. Committee would like the DMHDDSAS Advocacy &amp; Customer staff to have input into those letters. Requested consumer advocates join next committee meeting to help and run the results through AGs office for legal input as a final step into the process.</li> </ul> </li> </ul>				
<b>Conclusions</b>	<ul style="list-style-type: none"> <li>Continuing discussion more information next month.</li> </ul>				
<b>Action Items</b>	<table border="1"> <thead> <tr> <th>Person(s) Responsible</th><th>Deadline</th></tr> </thead> <tbody> <tr> <td>State Assigned Staff</td><td>Oct. 5<sup>th</sup></td></tr> </tbody> </table>	Person(s) Responsible	Deadline	State Assigned Staff	Oct. 5 <sup>th</sup>
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State Assigned Staff	Oct. 5 <sup>th</sup>				

## 7. Agenda topic: Update

**Presenter:** Ken Marsh, DMH

<b>Discussion</b>	<ul style="list-style-type: none"> <li>How to start getting regular five minute updates to the committee regularly. <ul style="list-style-type: none"> <li>1) Care Coordination the transition, how it works, how to go forward– met with the four operational LME-MCOs, developmentally, organizationally, philosophically are different as it relates to Care Coordination. The four LME-MCOs are following what's in the DMA contract but are different for a number of reasons. DHHS will continue to pay attention to this however LME-MCOs requesting at this time the State does not change their model while in the middle of implementation and to have more experience and data on effectiveness, until more time has passed.</li> <li>2) DHHS Lessons Learned have been much from their experience in implementation, and discussion, how do you prepare for this, how do you plan for transition from TCM to Care Coordination. Lessons learned along the way. Some of those lessons learned are built into Mercer review, finance review, functional IT systems, claims process, provider contracting, and LME-MCO management reports and utilization of MCO data. Recommendation is that providers submit applications even sooner than 90 days so there is a list of known providers available to individuals seeking services – take under advisement.</li> <li>3) Grievances – In Relation to Public Comments – anyone tracking concerns from Public Comment section. DMHDDSAS Customer Services/Advocacy has and found three of the cases could be tracked needed contact info. So public signup sheet has now added phone number section we can better track. Those phone numbers are optional if the public speaker wishes to be contacted.</li> <li>Question about is ECBH still doing telephone care coordination? Yes. We met with the four LME/MCOs and we are ok with their processes. ECBH has shared anyone who asks for face to face coordination, they will honor that request. ECBH has added survey process to phone survey thus far coming back positive results. At this point we will continue to monitor that and pay attention. Part of this goes back to geographical, organizational, philosophical, and developmental process as an LME-MCO.</li> <li>Committee is requesting evidence that telephonic care coordination working. Want more information and data and any negative feedback. More information &amp; data requested for next agenda.</li> </ul> </li> </ul>
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<b>Conclusions</b>	<ul style="list-style-type: none"> <li>Committee would like additional information on Care Coordination and ECBH.</li> </ul>		
<b>Action Items</b>	<b>Person(s) Responsible</b>	<b>Deadline</b>	
<ul style="list-style-type: none"> <li>ECBH / LME-MCO update on Care Coordination; concerns about telephonic.</li> </ul>	State Assigned Staff	Oct. 17 <sup>th</sup>	

## 8. Agenda topic: Public Comments

**Presenter: NA**

<b>Discussion</b>	<ul style="list-style-type: none"> <li>Mary Short – Parent and legal guardian of adult with IDD, Katie <ul style="list-style-type: none"> <li>Regarding Care Coordination by phone: If a parent or legal guardian you get visit every 30 days. If not, there is no requirement to be visited in person. AFL providers don't have to be visited in person.</li> <li>Shared information from Disability Rights meeting regarding Medicaid appeals.</li> <li>Medical Care Advisory Committee website, written reports section. – Behavioral Health and IDD updates, 1915 b c updates. In final paragraph says DMA in conjunction with DMH and LMEs continues with living in facilities that doesn't some individuals chosen to remain in current living arrangements paid by state funds, others moving – concerned that people in cap or innovations slot from Sept 7 meeting.</li> <li>Updates – DA in conjunction with DMH, LMEs continues to work Federal</li> </ul> </li> <li>Peggy Balack – Saguaro Group, Vice President; and Co-Chair for Provider / LME Leadership Forum group also known as PLLF. <ul style="list-style-type: none"> <li>PLLF is an independent group working with the Council of Community Programs. This group is made up of ½ provider organizations and ½ LME-MCOs focusing on policy implementation issues.</li> <li>Currently talking about implementation issues about LME-MCOs and getting to quality and the right number of providers within a network.</li> <li>Specifically looking at what happens after one year of an LME-MCO with providers regarding right sizing the LME-MCO provider network. At this time all PLLF has done so far is collect data. PLLF has not made any recommendations, dialog only.</li> <li>In the process of information and data gathering.</li> </ul> </li> </ul>
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**Meeting Adjourned**

**Next Meeting: Wednesday, October 17, 2012, 1:00 p.m. – 3:00 p.m.**